

Michigan State Housing Development Authority

2004-2005 EMERGENCY SHELTER GRANT + RURAL HOMELESS INITIATIVE PROGRAMS

PROGRAM APPLICATION (Exhibit 2)

**Due Date:
All Submissions Must Be Postmarked by February 26, 2004**

Michigan State Housing Development Authority

2004-2005 EMERGENCY SHELTER GRANT & RURAL HOMELESS INITIATIVE PROGRAMS INSTRUCTIONS FOR PROGRAM APPLICANTS

GENERAL INSTRUCTIONS

- All Emergency Shelter Grant (ESG) and Rural Homeless Initiative (RHI) applications must be recommended through an approved local Continuum of Care funding strategy to be eligible to apply. Funding amounts requested in this *Program Application* must be specifically recommended and/or reaffirmed in the *2004 Continuum of Care Planning Update* submitted by your local Continuum of Care Coordinating Body. If there is a discrepancy between funding amounts recommended in the area's *2004 Continuum of Care Planning Update* and this *Program Application*, MSHDA will utilize the figure identified in the *Continuum of Care Planning Update*.
- ALL agencies requesting funding for FY 2004-2005 (whether continuing, new, or revised) must submit this *Program Application*: Rural Homeless Initiative continuation requests should follow the same instructions:
 - Current ESG/RHI program grantees requesting unchanged amounts in FY 2004-2005 need only submit responses to **Questions 1 & 2 (Page 1) + ALL attachments** (II-A, II-B, II-C, and II-D).
 - If current program grantees are proposing any changes in 2004-2005 budget requests (i.e., line item or category), the agency must submit all sections of *Program Application (Questions 1-5) + Attachments*.
 - Agencies requesting funding for the first time in FY 2004-2005 must submit the *Program Application* in its entirety + *Attachments*.
- *For further information or clarification, contact your area's Community Development Specialist*

APPLICATION ASSEMBLY AND SUBMISSION

- Please use a simple 8 1/2 " x11" manila folder or pocket folder as a cover for your application materials. Materials may be clipped or stapled together and inserted into this labeled folder.
- Print or type the legal name of the applicant agency on the *upper right-hand corner* of the front of the folder. Be sure to include your MSHDA Organization Number (4-digit number) on this label, and please indicate which folder contains the original. (If you do not know your Organization Number, please contact your area's Community Development Specialist for this information prior to your submission.) The cover label should also indicate the application status, i.e.: ESG Renewal, ESG Revision, New ESG Application, Rural Homeless Initiative Renewal, or Rural Homeless Initiative Revision.
- Please provide *all* information and/or materials that are requested. Failure to provide complete information or providing inaccurate information may result in denial of the application.
- Each program applicant must submit **one (1) original** (with ink signatures) and **one copy** of the program application. We require only one copy of attachments and associated materials (e.g., *Certification of Local Approval, Shelter Standards Certification, Administrative Compliance Certification, and Organizational Documentation*). These materials should be included in the folder with the ORIGINAL application, only.
- Applications must be postmarked by **February 26, 2004**. MSHDA will not accept any application that does not meet this deadline.
- Submit application materials to:

Emergency Shelter Grants Program
Michigan State Housing Development Authority
735 E. Michigan Avenue - P.O. Box 30044
Lansing, MI 48909

ELIGIBLE USES FOR ESG FUNDS

Operating Expenses

These are expenses associated with the operation of a shelter, transitional housing, or related service facility, including (but not limited to) insurance, rent, food, utilities, telephone/cell phone service, internet expense, furnishings, office/computer equipment, agency vehicles, staff transportation, and maintenance and repair of facilities. This category can also include costs of *agency-specific* participation in Homeless Management Information System (HMIS) implementation – e.g., computer equipment, *ServicePoint* licensing, and internet connectivity. Costs of operating staff (e.g., accounting staff, clerical staff) are also allowable, up to 10% of the total MSHDA grant award. Other administrative costs, including audit expense, are not allowed.

Essential Services

These are expenses for staffing and other related direct assistance costs associated with provision of supportive services in shelter and transitional housing, or other housing-related supportive services activities. Eligible expenses include (but are not limited to) both program and direct assistance costs which support case management, follow-up, housing and rentership skills, housing search and relocation, child care, parenting education, budgeting, employment, health care, substance abuse, education, children's services, and client transportation activities. Staffing costs associated with delivery of homeless prevention assistance should also be reflected in this category.

Homeless Prevention

This category is used for direct financial assistance to prevent the occurrence/recurrence of homelessness, including (but not limited to) one-time subsidies to help defray rent or utility arrearage for households that have received eviction or utility termination notices; payment to prevent a home from falling into foreclosure; payment of first month's rent to permit a homeless family to move into their own dwelling; payment of utility arrearages to enable a homeless household to move into permanent housing; and mediation programs for landlord/tenant disputes. Please note: Expenses for staffing for Homeless Prevention activities are allowable in the ESG Program, but these must be identified under the Essential Services category (above).

Continuum of Care Coordinating Expenses

MSHDA allows a portion of its state-based ESG funding to be used for *expenses associated with Continuum of Care coordinating activities*. These might include costs of printing and postage, expenses that enable more active consumer participation in the Continuum process, and other related travel, meeting, planning, or coordinating costs. Costs for time and fringes of a coordinating staff role will also continue to be eligible. While there is no programmatic limit for these expenses, communities are encouraged to be thoughtful in their consideration of funding levels for this purpose.

Costs for *community-wide implementation* of the Michigan Statewide Homeless Management Information System (MSHMIS) are also allowable under this category. This includes costs of training, coordination, technical assistance and implementing support – on a community-wide basis. It might also include centralized reimbursement (across multiple agencies) for costs of software licensing, internet connectivity, and related hardware.

Only one Continuum Coordinating grant per Continuum of Care body will be considered. The applicant can be any public or private non-profit agency participating in the Continuum of Care planning process and designated by the Continuum as the applicant for these purposes.

**2004-2005 MSHDA EMERGENCY SHELTER GRANT and
RURAL HOMELESS INITIATIVE PROGRAM**

PROGRAM APPLICATION

1. Applicant/Agency Identification

Name of Applicant Agency:		
Address:		
City:	State:	Zip:
County(ies) Served:	Continuum of Care Area:	<u>MSHDA Organization #:</u>
Federal Employer ID#:		Date of Fiscal Year End:
Contact Person for Grant:		Title of Contact:
E-Mail:	Phone:	Fax:
Executive Director:	Phone:	Fax:
Governing Board Chair:	Phone:	Fax:
Signature Of Board Chairperson (in ink):		Date:

Number of years your agency has provided shelter or services for homeless populations: ☐ Years

2. Budget Request Summary

Check ONE of the Elements Below:

- | | |
|---|---|
| <input type="checkbox"/> Unchanged ESG Funding | <input type="checkbox"/> Unchanged Rural Homeless Initiative Funding |
| <input type="checkbox"/> Revised ESG Funding | <input type="checkbox"/> Revised Rural Homeless Initiative Funding |
| <input type="checkbox"/> NEW ESG Funding | |

Activity	Amount Originally Approved for 2004-2005	Amount Requested from MSHDA 2004-2005
Operating Expense		
Homeless Prevention/Relocation		
Essential Services		
Continuum of Care Coordination		
TOTAL MSHDA FUNDING REQUEST	\$	\$

Current grantees requesting unchanged renewal funding in FY 2004-2005 may skip Questions 3-5 .

All attachments, however, must also be submitted.

If grantee is requesting any revisions in budget, responses to Questions 3-5 will also be required.

3. Target Population

This program is targeted specifically to one or more of the following sub-populations (check all that apply):

- ☐ Seriously Mentally Ill ☐ Substance Abusers ☐ Dual Diagnosis ☐ Veterans
☐ Single Adults ☐ Persons with HIV/AIDS ☐ Youth ☐ Families
☐ Victims of Domestic Violence

4. Estimate of Number of Persons To Be Served

(Response to this question NOT required for Continuum of Care coordination funding)

- a. **Daily/Point-in-Time Capacity:** If proposed MSHDA funds will be used to support any portion of your agency's emergency shelter or transitional housing operating costs, please indicate the **number of persons and households** your program (*if fully occupied*) can serve on a daily basis. (Do not respond to this question if proposed funding will support prevention or essential services activities only.)

	Programs Serving Single Adults and Unaccompanied Youth	Programs Serving Families	
	Number of Single Individuals	Number of Families (Households)	Total Number of Persons in Families (including children)
Emergency Shelter/ Rural Homeless Initiative			
Transitional Housing			

- b. **Estimated Annual Number to Be Served:** If proposed MSHDA funds will be used to support any portion of your agency's activities in the eligible categories listed below, please estimate the **total unduplicated number** of persons and households that will be served by your full program during the course of a **full year** in each activity category funded.

	Programs Serving Single Adults and Unaccompanied Youth	Programs Serving Families	
	Number of Individuals	Number of Families (Households)	Total Number of Persons in Families (including children)
Emergency Shelter/ Rural Homeless Initiative			
Transitional Housing			
Homeless Prevention			
Essential Services			

5. Use of Funds

A. Operating Funds (Fill in only those categories that apply.)

Operations Sub-Category	Amount Originally Approved for 2004-2005	Amount Requested From MSHDA 2004-2005	Brief Explanation of Expense
Lease/Rent			
Maintenance/Repair/Janitorial Services & Costs			
Utilities/Fuel			
Furnishing/Equipment (including HMIS)			
Food			
Insurance			
Telephone/Internet Access (including HMIS)			
Printing/Copier			
Office Supplies			
Security			
Other:			
Operating Staff (e.g., bookkeeper, clerical staff)	1	1	
TOTAL:	2	2	

1 This amount cannot exceed 10% of your total MSHDA grant award.

2 Transfer this total amount to Budget Request Summary on page 1, if applicable.

B. Homeless Prevention Activities (Fill in only those categories that apply.)

1. What is the cap on the amount that any one family/individual can receive in one year?

☐ Up to \$300 ☐ Up to \$500 ☐ One-Month's Rent (No Limit)
☐ Other (Please specify) _____

2. For Rural Homeless Initiative Grants Only:

What is the cap on the amount that any one family/individual can receive for housing relocation?

☐ Up to \$300 ☐ Up to \$500 ☐ One-Month's Rent (No Limit)
☐ Other (Please specify) _____

Homeless Prevention Sub-Category	Amount Originally Approved for 2004-2005	Amount Requested From MSHDA 2004-2005	Estimated # of Households to be Served with These Funds
Utilities Arrearage			
Rent/Mortgage Arrearage			
Security Deposit ¹			
First Month's Rent			
Hotel/Motel Vouchers			
Other:			
TOTAL: ²		2	

Please note: Costs of staffing associated with delivery of homelessness prevention activities are eligible under ESG but must be shown as an "essential services" expense (Section C, below).

¹ Please Note: This activity triggers Lead-based Paint regulations.

² Transfer total amount to Budget Request Summary on page 1, if applicable.

C. Essential Services (Fill in only those categories that apply.)

Essential Services Sub-Category	Amount Originally Approved for 2004-2005	Amount Requested from MSHDA 2004-2005
Case Management/ Follow-Up Services		
Counseling Services		
Job Training/Education		
Child Care/Children's Services		
Housing Placement/ Housing Skills/Housing Assistance		
Transportation Services/ Transportation Assistance		
Staffing for Homeless Prevention Activities		
Other:		
TOTAL:¹		1

In narrative form, briefly describe (for each sub-category) how these funds will be used.

Example: *Counseling Services: \$12,000 will be used for a .50 FTE drug/alcohol rehab counselor to work with clients at the shelter. Of the \$12,000 total, \$1,500 will be used for staff benefits.*

¹ Transfer total amount to Budget Request Summary on page 1, if applicable.

D. Continuum of Care Coordination (if applicable)

1. Briefly describe the applicant agency and its role/relationship in the structure of the local Continuum of Care planning process. Also, describe how decisions regarding expenditure of these coordinating funds will be managed and monitored at the local level.

Continuum Coordination Sub-Category	Amount Originally Approved for 2004-2005	Amount Requested from MSHDA 2004-2005	Brief Description of Expense
Meeting Supplies			
Postage			
Telephone/Internet			
Printing/Copier			
Office Supplies			
Consumer Involvement			
Travel-Related Expense			
Contractual Staff			
Coordinator Salary/Fringes			
HMIS Coordination (e.g, staffing/training/admin)			
HMIS Technology (e.g., hardware, software, web connectivity, data conversion)			
Other:			
TOTAL:¹		1	

¹ Transfer total amount to Budget Request Summary on Page 1, if applicable.

ATTACHMENT II-A

**Michigan State Housing Development Authority
Certification of Local Approval for Non-Profit Organizations**

I, _____, (name and title of the *highest elected official*) duly
authorized to act on behalf of the _____ (name of the jurisdiction)
hereby approve the attached proposal submitted to the Michigan State Housing Development Authority by
_____(name of non-profit) which is located in
_____(name of jurisdiction).

Brief Project Description (optional):

By: _____
Name and Title

Signature

Date

This form should be signed by the highest elected official of the jurisdiction in which the funded homeless program facility is located. For agencies that are providing services in multiple jurisdictions, only one signature from the highest elected official of the area in which the agency's primary office is situated is required.

ATTACHMENT II-B

CERTIFICATION OF BASIC STANDARDS FOR EMERGENCY HOMELESS SHELTERS and TRANSITIONAL HOUSING PROGRAMS

The following checklist outlines the minimum requirements for shelters or transitional housing programs requesting Emergency Shelter Grant (ESG) funds through MSHDA. If you answer "no" to any of these questions, please add a brief narrative explanation at the end of Attachment II-B.

Yes **No**

A. GENERAL

- | | | | |
|--------------------------|--------------------------|----|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. | The agency assures non-discrimination on the basis of race, color, religion, gender, national origin, age of children or family size, disability, except where limited by the facility. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. | Client records are secured in a locked area or locked filing cabinet. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. | There are written policies for intake procedures and criteria for shelter admission. |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. | Alcohol, drugs, and weapons are prohibited in and around the premises. Persons who refuse to relinquish any of these are refused admittance to the shelter. |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. | Clients are allowed to use the shelter as a legal residence for the purpose of voter registration and the receipt of public benefits. |

B. PERSONNEL

- | | | | |
|--------------------------|--------------------------|----|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. | There is adequate on-site staff coverage during all hours the shelter is open. (During awake hours, there should be 1 staff person to 30 residents for an adults-only facility, and 1 staff person to 20 residents for a facility housing children.) |
| | | 2. | All shelter staff, including volunteers, have received, at a minimum, training and orientation regarding: |
| <input type="checkbox"/> | <input type="checkbox"/> | a. | Fire and emergency evacuation procedures for the facility; |
| <input type="checkbox"/> | <input type="checkbox"/> | b. | Emergency procedures for medical, psychiatric, or other crisis situations; |
| <input type="checkbox"/> | <input type="checkbox"/> | c. | Special needs of homeless persons; |
| <input type="checkbox"/> | <input type="checkbox"/> | d. | Client confidentiality requirements; |
| <input type="checkbox"/> | <input type="checkbox"/> | e. | Appropriate chains of authority or command within the shelter. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. | There is a written position description for each type of position which includes, at a minimum, job responsibilities, qualifications and salary range. |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. | There are written personnel policies in effect which also include a <i>Code of Ethics</i> for all shelter personnel. |

Yes No

C. FACILITY

- | | | | |
|--------------------------|--------------------------|----|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. | The agency complies with all state and local zoning, health, safety, and fire codes and regulations which apply to the safe operation of the shelter. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. | Cooking or heating appliances in any room used for sleeping are prohibited. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. | The physical plant, premises and equipment, are maintained in a clean and sanitary condition, free of hazards and in good repair. Corrections are made within 30 days of notification of a problem. |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. | A bed or crib is provided for each guest except in extenuating overflow conditions. Provisions for clean linen for each tenant are made. Procedures to provide for the sanitizing of all linens and sleeping surfaces are in place. |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. | Sufficient showers/baths, wash basins and toilets are provided for personal hygiene and are in proper operating condition. Towels, soap and toilet tissue are available to each client. |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. | There is a fire safety plan which includes at least the following: |
| <input type="checkbox"/> | <input type="checkbox"/> | a. | A posted evacuation plan; |
| <input type="checkbox"/> | <input type="checkbox"/> | b. | Fire drills, conducted as least quarterly; |
| <input type="checkbox"/> | <input type="checkbox"/> | c. | Operating fire detection systems which are tested at least quarterly; |
| <input type="checkbox"/> | <input type="checkbox"/> | d. | Battery operated alarms which are functional at all times; and |
| <input type="checkbox"/> | <input type="checkbox"/> | e. | Adequate fire exits. |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. | Provisions have been made for the following services: |
| <input type="checkbox"/> | <input type="checkbox"/> | a. | Pest control services; |
| <input type="checkbox"/> | <input type="checkbox"/> | b. | Removal of garbage from interior premises; |
| <input type="checkbox"/> | <input type="checkbox"/> | c. | Properly functioning ventilation and heating systems; and |
| <input type="checkbox"/> | <input type="checkbox"/> | d. | Heat, electricity and water 24-hours a day. |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. | Entrances, exits, steps, and walkways are kept clear of garbage, debris, and other hazards such as ice and snow. |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. | Adequate natural or artificial illumination is provided to permit normal indoor activities and to support the health and safety of occupants. |

Yes **No**

D. FOOD SERVICES (For shelters providing prepared meals for residents)

- | | | | |
|--------------------------|--------------------------|----|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. | Adequate provisions for the sanitary storage and preparation of food are maintained. Meals are nutritionally balanced, if provided. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. | Requirements of a licensed food service establishment under Public Health Code MCL 333.12901 et. seq. are met, if applicable. |

E. HEALTH

- | | | | |
|--------------------------|--------------------------|----|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. | First aid equipment and emergency medical supplies are available at all times. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. | Staff have access to a telephone while on duty. Emergency telephone numbers are posted conspicuously near the telephone. |

F. OPERATIONS

- | | | | |
|--------------------------|--------------------------|----|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. | Daily attendance logs are maintained and include, at a minimum, the name, age, sex, social security number (if known by the client) and signature of each person residing in the shelter. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. | Residents are furnished information about available services in the community. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. | The shelter holds money or food stamps, if requested, by residents and maintains adequate records of such. The money and food stamps must be available to the residents on request without unreasonable delay. |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. | The following are posted and distributed to residents in appropriate language: |
| <input type="checkbox"/> | <input type="checkbox"/> | a. | Rules of the shelter; |
| <input type="checkbox"/> | <input type="checkbox"/> | b. | Shelter residents' rights and responsibilities; |
| <input type="checkbox"/> | <input type="checkbox"/> | c. | A list of standards for conditions in shelters; and |
| <input type="checkbox"/> | <input type="checkbox"/> | d. | The shelter's internal grievance procedures. |

My signature below certifies that our emergency shelter and/or transitional housing facilities meet all of the applicable Basic Standards enumerated in this checklist.

Executive Director

Date

ATTACHMENT II-C

ADMINISTRATIVE COMPLIANCE STANDARDS

Instructions: The administrative guidelines enumerated below will be incorporated in the grant agreement executed pursuant to this application. Failure to adhere to these guidelines may result in findings, disallowed costs, and/or withdrawal of funding. Please review the requirements listed below and certify your acceptance by signing at bottom. If you do not fully understand any of these provisions, contact your CD Specialist.

Fair Housing

- ☐ The applicant will maintain and continuously update a listing of Fair Housing Resources.
- ☐ The applicant will use the fair housing logo on all materials relating to their housing programs distributed to the general public.
- ☐ The applicant will appoint a specific individual (staff person or contractor, identified below) as the agency's fair housing contact person. This contact person will be available during normal business hours:

Name: _____

Phone: _____

- ☐ The fair housing contact person indicated above will maintain a running log to record fair housing issues, complaints, and distribution of fair housing materials according to the MSHDA Office of Community Development (OCD) Policy Bulletin #22.
- ☐ The fair housing contact person indicated above will respond to all fair housing issues and/or complaints, in accord with the MSHDA OCD Policy Bulletin #22.
- ☐ The applicant will conduct business and provide emergency housing from a barrier-free facility, or make a reasonable accommodation for persons with impaired mobility.

Assurance of Equal Access to Program Benefits

- ☐ The applicant will assure equal access to program benefits through effective outreach and assessment.

Assurance of Fair Selection of Participating Households

- ☐ The applicant will assure that all eligible households will have fair and equal access to services and opportunities provided by the program

Lead-Based Paint Requirements

- ☐ The grantee is aware of and will abide by lead-based paint requirements that are applicable to Emergency Shelter Grant funding, as specified in MSHDA OCD Policy Bulletin #28.

Audit (Check all that apply)

- ☐ The grantee is a **local government or nonprofit** expected to expend **more than \$300,000 annually in combined federal funds** during the fiscal years covered by the grant, and will have an audit conducted by an eligible CPA firm or local government audit organization in accordance with OMB Circular A-133 pursuant to the Single Audit Act Amendments of 1996.
- ☐ The grantee is a **local government or nonprofit** expected to expend **less than \$300,000 annually in combined federal funds** and is exempt from federal audit requirements for the fiscal years included in the grant period.
- ☐ Records will be available for review or audit by appropriate officials of HUD, MSHDA, and/or the General Accounting Office (GAO).
- ☐ The applicant recognizes that this provision does not limit the authority of federal agencies or MSHDA to conduct or arrange for an audit (e.g., financial audit, performance audit, evaluation, inspection, or review).
- ☐ The grantee understands that costs of audits are allowable provided (a) if the grantee is subject to single audit requirements the audits are performed in accordance with the Single Audit Act as implemented by OMB Circular A-133, and (b) the percentage of costs charged to grant awards shall not exceed the percentage derived by dividing grant funds expended by total funds expended (this percentage may be exceeded only if appropriate documentation demonstrates higher actual costs.)

Participation in Michigan Statewide Homeless Management Information System

- ☐ The grantee is aware of and will abide by requirements for participation in the Michigan Statewide Homeless Management Information System (MSHMIS), in accord with standards and timelines to be published by MSHDA.

Certification.

I certify that our program funded pursuant to this application will be implemented in accordance with the representations made herein, and that program descriptions, guidelines, and other material presenting this program to the public in the service area will conform to the elements indicated above.

Signature of Executive Director _____ Date _____

Typed/Printed Name of Executive Director _____

ATTACHMENT II-D

ORGANIZATIONAL DOCUMENTATION (REQUIRED ATTACHMENTS)

Include ONE copy of each document with original submission, only. If current document is already on file in the Office of Community Development, please do not replicate. Check boxes and attach documents as appropriate.

	<u>Document Attached</u>	<u>Document Previously Submitted Still Current</u>
1. Most Recent IRS-990 (Corporate Tax Return)	<input type="checkbox"/>	N/A
2. Current Fiscal Year Operating Budget for Program	<input type="checkbox"/>	N/A
3. Most recent available Fiscal Year Audit	<input type="checkbox"/>	N/A
4. Certificate of Good Standing* (dated within last 12 months)	<input type="checkbox"/>	N/A
5. IRS-501(c)(3) Designation	<input type="checkbox"/>	<input type="checkbox"/>
6. Articles of Incorporation	<input type="checkbox"/>	<input type="checkbox"/>
7. Organizational Bylaws	<input type="checkbox"/>	<input type="checkbox"/>
8. Current List of Board of Directors & Officers	<input type="checkbox"/>	<input type="checkbox"/>
9. Current Organizational Chart	<input type="checkbox"/>	<input type="checkbox"/>

***To secure "Certificate of Good Standing" (above), contact the Corporation and Securities Bureau (Department of Labor and Economic Growth): 517-241-6470 (phone) 517-334-7145 (fax)**